


APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	System for medical data collection		
Application Type : regular, utility			
Correspondence address:			
Customer Number:		39227	
Inventor Information:			
<u>Inventor 1:</u>			
Applicant Authority Type:	Inventor		
Citizenship:	US		
Name prefix:	Dr.		
Given Name:	Chris		
Family Name:	Maeda		
Residence:			
City of Residence:	Salem		
State of Residence:	NH		
Country of Residence:	US		
Address-1 of Mailing Address:	215 S Broadway 241		
Address-2 of Mailing Address:			
City of Mailing Address:	Salem		
State of Mailing Address:	NH		
Postal Code of Mailing Address:	03079		
Country of Mailing Address:	US		
Phone:			
Fax:			
E-mail:	cmaeda@alum.mit.edu		
<u>Assignee 1:</u>			
Organization Name:	Granite Health Systems, Inc.		
Address-1 of Mailing Address:	215 S Broadway 241		
Address-2 of Mailing Address:			
City of Mailing Address:	Salem		

State of Mailing Address:	NH
Postal Code of Mailing Address:	03079
Country of Mailing Address:	US
Phone:	
Fax:	
E-mail:	